

TO THE UNITED STATES PATENT AND TRADEMARK
OFFICE: PLEASE STAMP AND RETURN. THANK YOU.

SUBMITTED: Response to Notice to File Missing Parts; Copy
of Notice to File Missing Parts; Declaration,
Power of Attorney and Petition; Assignment
with Form PTO-1595 Cover Sheet; Form PTO-
2038 for \$130.00 and \$40.00; Certificate of
Express Mail® Postcard

DT05 Rec'd PCT/PTO 25 JUL 2002

APPLICANT: **David A. Gagny**
TITLE: **A GLASS COMPOSITION**

SERIAL NO. 10/069,143
CONF. NO. 7688
FILED: February 14, 2002
DOCKET NO: 7678.576a.1
MAILED: July 25, 2002



EXPRESS MAIL
POS. OFFICE TO ADDRESSEE

| | |
|---|--|
| ORIGIN (POSTAL USE ONLY) | |
| PO ZIP Code 84122 | Day of Delivery <input checked="" type="checkbox"/> First <input type="checkbox"/> Second |
| Date in Mo. Day Year 7 14 2002 | Time in 12 Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> Military |
| Weight lbs. ozs. 1.19 | 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/> INTL Alpha Country Code |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> | Acceptance Mark Initials K |
| Flat Rate Envelope <input type="checkbox"/> Postage \$ Return Receipt Fee COD Fee Insurance Fee Total Postage & Fees \$13.60 | |

**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE**

☐ **WAIVER OF SIGNATURE (Domestic Only):** Additional merchandise insurance is void if waiver of signature is requested. With delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **Customer Signature**

Customer Signature

| | |
|--|--|
| FROM: (PLEASE PRINT) | |
| WORKMAN NYDEGGER & SEELEY 800 E SOUTH TEMPLE STE 1000 EAGLE GATE TOWER SALT LAKE CITY UT 84111-1011 | |
| PHONE: _____ | |
| TO: (PLEASE PRINT) | |
| SALT LAKE CITY UT AIRPORT ASSISTANT COMMISSIONER OF PATENTS WASHINGTON DC 20231-0001 | |
| PHONE: _____ | |
| Box: Missing Parts | |

Gagny-7078.576a.1

TO THE UNITED STATES PATENT AND TRADEMARK
OFFICE: PLEASE STAMP AND RETURN. THANK YOU.

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Power of Attorney and Petition; Assignment
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2038 for \$130.00 and \$40.00; Certificate of
Express Mailing; Postcard

APPLICANT: Brian Algar
TITLE: A GLASS COMPOSITION

SERIAL NO. 10/069,143
CONF. NO. 7688
FILED: February 14, 2002
DOCKET NO: 7678.576a.1

MAILED: July 25, 2002



EL 813859395 US



POST OFFICE TO ADDRESSEE

| ORIGIN (POSTAL USE ONLY) | | | DELIVERY (POSTAL USE ONLY) | | |
|--|--|--|--|---|--------------------|
| PO ZIP Code | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> | Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Date In Mo. Day Year | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM | Postage \$ | Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Time In <input type="checkbox"/> AM <input type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee | Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Weight lbs. ozs. | Int'l Alpha Country Code | COD Fee Insurance Fee | Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials | Total Postage & Fees \$ | <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. With delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and authorizes that delivery employee's signature constitutes valid proof of delivery. | | |
| CUSTOMER USE ONLY | | | NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | | |
| METHOD OF PAYMENT: Express Mail Corporate Acct. No. | | | Federal Agency Acct. No. or Postal Service Acct. No. | | |
| FROM: (PLEASE PRINT) PHONE () | | | TO: (PLEASE PRINT) PHONE () | | |
| WORKMAN NYDEGGER & SEELEY 60 E SOUTH TEMPLE STE 1000 EAGLE GATE TOWER SALT LAKE CITY UT 84111-1011 GUYNN-7678.576a.1 | | | ASSISTANT COMMISSIONER OF PATENTS WASHINGTON DC 20231-0001 Box: Missing Parts | | |
| PRESS HARD. You are making 3 copies. | | | FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com | | |

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